

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02548 (8)

1. Corporation Name

THE EDUCATION PARTNERSHIP OF PALM BEACH COUNTY, INC.



Principal Place of Business

1555 PB LAKES BLVD
#400
WEST PALM BEACH FL 33401
US

Mailing Address

1555 PB LAKES BLVD
#400
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified
04/16/1984

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2420369

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNG, GARY
1555 PB LAKES BLVD
#400
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SMITH III, D. CULVER**
STREET ADDRESS **505 S. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Robert G. Carroll, III**
1.3 STREET ADDRESS **17000 Beeline Highway**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33410**

TITLE **VD** ☐ DELETE
NAME **ELMORE GERGE**
STREET ADDRESS **2350 S. CONGRESS AVE.**
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Norman Ostrowski**
2.3 STREET ADDRESS **1000 NW 51 St.**
2.4 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **TD** ☐ DELETE
NAME **CARROLL III, ROBERT G. H.**
STREET ADDRESS **1700 BEELINE HIGHWAY**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **David Siegel**
3.3 STREET ADDRESS **One Town Center Rd.**
3.4 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **SD** ☐ DELETE
NAME **ORR, TERRI**
STREET ADDRESS **6459 LONGLEAF PINE DRIVE**
CITY-ST-ZIP **JUPITER FL**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Terri Robinson**
4.3 STREET ADDRESS **17254 Boca Club Blvd, #103**
4.4 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)